

## Appendix Q

### UB-04 Revenue Code Table

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
10	ANCILLARY EXCEEDING 28 LINES	10/1/2002	10/15/2003									
11	CAPITAL AND COSTS	1/1/1991	1/1/2002									
12	DIRECT MEDICAL EDUCATION	1/1/1991	1/1/2002									
13	ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS	10/1/1989	10/15/2003									
14	ROOM & BOARD - PRIVATE (DELUXE)	10/1/1989	10/15/2003									
15	ROOM & BOARD - WARD	10/1/1989	10/15/2003									
16	ROOM & BOARD - OTHER	10/1/1989	10/15/2003									
17	NURSERY	10/1/1995	10/15/2003									
18	INPATIENT CROSSOVERS	7/1/1977	11/1/2008									
19	INTERNAL DUMP CODE	7/1/1977	10/1/2003									
20	HEALTH INSURANCE-PROSPECTIVE PAYMENT SYSTMER (HIPPS) RESERVED	4/1/1996	10/15/2003									

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
22	HEALTH INSURANCE - PROSPECTIVE PAYMENT SYSTEM (HIPPS) SKILLED NURSING FACILITY - PPS	1/1/1900	12/31/2299									Non-Covered Benefit  Denotes a HIPPS rate code is being reported in FL44.
23	HEALTH INSURANCE - PROSPECTIVE PAYMENT SYSTEM (HIPPS) HOME HEALTH - PPS	1/1/1900	12/31/2299									Non-Covered Benefit  Denotes a HIPPS rate code is being reported in FL44.
24	HEALTH INSURANCE - PROSPECTIVE PAYMENT SYSTEM (HIPPS) INPATIENT REHAB FACILITY - PPS	1/1/1900	12/31/2299									Non-Covered Benefit  Denotes a HIPPS rate code is being reported in FL44.
74	EEG (ELECTROENCEPHALOGRAM )	1/1/1900	12/31/2299									
100	ALL INCLUSIVE RATE ALL-INCLUSIVE ROOM AND BOARD PLUS ALL INCL R&B/ANC	1/1/1900	12/31/2299	X								
101	ALL INCLUSIVE RATE ALL-INCLUSIVE ROOM AND BOARD ALL INCL R&B	1/1/1900	12/31/2299	X								

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
110	ROOM & BOARD - PRIVATE GENERAL CLASSIFICATION ROOM-BOARD/PVT	1/1/1900	12/31/2299	X								
111	ROOM & BOARD - PRIVATE MEDICAL/SURGICAL/GYN MED-SUR-GY/PVT	1/1/1900	12/31/2299	X								
112	ROOM & BOARD - PRIVATE OB OB/PVT	1/1/1900	12/31/2299	X								
113	ROOM & BOARD - PRIVATE PEDIATRIC PEDS/PVT	1/1/1900	12/31/2299	X								
114	ROOM & BOARD - PRIVATE PSYCHIATRIC PSYCH/PVT	1/1/1900	12/31/2299	X								Inpatient psychiatric restrictions apply Use for Psychiatric Step Down 1
115	ROOM & BOARD - PRIVATE HOSPICE HOSPICE/PVT	7/1/1977	12/31/2299									Non-covered benefit
116	ROOM & BOARD - PRIVATE DETOXIFICATION DETOX/PVT	1/1/1900	12/31/2299	X								
117	ROOM & BOARD - PRIVATE ONCOLOGY ONCOLOGY/PVT	1/1/1900	12/31/2299	X								
118	ROOM & BOARD - PRIVATE REHABILITATION REHAB/PVT	1/1/1900	12/31/2299	X								

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
119	ROOM & BOARD - PRIVATE OTHER OTHER/PVT	1/1/1900	12/31/2299	X								
120	ROOM & BOARD - SEMI- PRIVATE TWO BED GENERAL CLASSIFICATION ROOM- BOARD/SEMI	1/1/1900	12/31/2299	X								
121	ROOM & BOARD - SEMI- PRIVATE TWO BED MEDICAL/SURGICAL/GYN MED-SUR- GY/2BED	1/1/1900	12/31/2299	X								
122	ROOM & BOARD - SEMI- PRIVATE TWO BED OB OB/2BED	1/1/1900	12/31/2299	X								
123	ROOM & BOARD - SEMI- PRIVATE TWO BED PEDIATRIC PEDS/2BED	1/1/1900	12/31/2299	X								
124	ROOM & BOARD - SEMI- PRIVATE TWO BED PSYCHIATRIC PSTAY/2BED	1/1/1900	12/31/2299	X								Use for Psychiatric Step Down 2

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
125	ROOM & BOARD - SEMI-PRIVATE TWO BED HOSPICE HOSPICE/2BED	7/1/1977	12/31/2299									Non-covered benefit
126	ROOM & BOARD - SEMI-PRIVATE TWO BED DETOXIFICATION DETOX/2BED	1/1/1900	12/31/2299	X								
127	ROOM & BOARD - SEMI-PRIVATE TWO BED ONCOLOGY ONCOLOGY/2BED	1/1/1900	12/31/2299	X								
128	ROOM & BOARD - SEMI-PRIVATE TWO BED REHABILITATION REHAB/2BED	1/1/1900	12/31/2299	X								
129	ROOM & BOARD - SEMI-PRIVATE TWO BED OTHER OTHER/2BED	1/1/1900	12/31/2299	X							X	
130	ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS GENERAL CLASSIFICATION ROOM- BOARD/3&4BED	1/1/1900	12/31/2299	X								

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
131	ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS MEDICAL/SURGICAL/GYN MED-SUR-GY/3&4	1/1/1900	12/31/2299	X								
132	ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS OB OB/3&4BED	1/1/1900	12/31/2299	X								
133	ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS PEDIATRIC PEDS/3&4BED	1/1/1900	12/31/2299	X								
134	ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS PSYCHIATRIC PSYCH/3&4BED	1/1/1900	12/31/2299	X								Inpatient psychiatric restrictions apply  Use for Psychiatric Step Down 3
135	ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS HOSPICE HOSPICE/3&4BED	1/1/1900	12/31/2299									Non-covered benefit
136	ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS DETOXIFICATION DETOX/3&4BED	1/1/1900	12/31/2299	X								

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
137	ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS ONCOLOGY ONCOLOGY/3&4BED	1/1/1900	12/31/2299	X								
138	ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS REHABILITATION REHAB/3&4BED	1/1/1900	12/31/2299	X								
139	ROOM & BOARD - SEMI-PRIVATE - THREE AND FOUR BEDS OTHER OTHER/3&4BED	1/1/1900	12/31/2299	X								
140	ROOM & BOARD - PRIVATE (DELUXE) GENERAL CLASSIFICATION ROOM-BOARD/PVT/DLX	1/1/1900	12/31/2299	X								
141	ROOM & BOARD - PRIVATE (DELUXE) MEDICAL/SURGICAL/GYN MED-SUR- GY/DLX	1/1/1900	12/31/2299	X								
142	ROOM & BOARD - PRIVATE (DELUXE) OB OB/DLX	7/1/1977	12/31/2299	X								
143	ROOM & BOARD - PRIVATE (DELUXE) PEDIATRIC PEDS/DLX	1/1/1900	12/31/2299	X								

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
144	ROOM & BOARD - PRIVATE (DELUXE) PSYCHIATRIC PSYCH/DLX	1/1/1900	12/31/2299	X								Inpatient psychiatric restrictions apply
145	ROOM & BOARD - PRIVATE (DELUXE) HOSPICE HOSPICE/DLX	1/1/1900	12/31/2299									Non-covered benefit
146	ROOM & BOARD - PRIVATE (DELUXE) DETOXIFICATION DETOX/DLX	1/1/1900	12/31/2299	X								
147	ROOM & BOARD - PRIVATE (DELUXE) ONCOLOGY ONCOLOGY/DLX	1/1/1900	12/31/2299	X								
148	ROOM & BOARD - PRIVATE (DELUXE) REHABILITATION REHAB/DLX	1/1/1900	12/31/2299	X								
149	ROOM & BOARD - PRIVATE (DELUXE) OTHER OTHER/DLX	1/1/1900	12/31/2299	X								
150	ROOM & BOARD - WARD GENERAL CLASSIFICATION ROOM-BOARD/WARD	1/1/1900	12/31/2299	X								

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151	ROOM & BOARD - WARD MEDICAL/SURGICAL/GYN MED-SUR-GY/WARD	1/1/1900	12/31/2299	X								
152	ROOM & BOARD - WARD OB OB/WARD	7/1/1977	12/31/2299	X								
153	ROOM & BOARD - WARD PEDIATRIC PEDS/WARD	1/1/1900	12/31/2299	X								
154	ROOM & BOARD - WARD PSYCHIATRIC PSYCH/WARD	1/1/1900	12/31/2299	X								Inpatient psychiatric restrictions apply
155	ROOM & BOARD - WARD HOSPICE HOSPICE/WARD	1/1/1900	12/31/2299									Non-covered benefit
156	ROOM & BOARD - WARD DETOXIFICATION DETOX/WARD	1/1/1900	12/31/2299	X								
157	ROOM & BOARD - WARD ONCOLOGY ONCOLOGY/WARD	1/1/1900	12/31/2299	X								
158	ROOM & BOARD - WARD REHABILITATION REHAB/WARD	1/1/1900	12/31/2299	X								
159	ROOM & BOARD - WARD OTHER OTHER/WARD	1/1/1900	12/31/2299	X								

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
160	ROOM & BOARD - OTHER GENERAL CLASSIFICATION R&B	1/1/1900	12/31/2299	X								
161	ROOM & BOARD - OTHER RESERVED	1/1/1977	10/15/2003									
164	ROOM & BOARD - OTHER STERILE ENVIRONMENT R&B/STERILE	1/1/1900	12/31/2299	X								Inpatient psychiatric restrictions apply
167	ROOM & BOARD - OTHER SELF CARE R&B/SELF	1/1/1900	12/31/2299	X								
169	ROOM & BOARD - OTHER OTHER R&B/OTHER	1/1/1900	12/31/2299	X								
170	NURSERY GENERAL CLASSIFICATION NURSERY	1/1/1900	12/31/2299	X								
171	NURSERY NEWBORN - LEVEL I NURSERY/LEVELI	1/1/1900	12/31/2299	X								
172	NURSERY NEWBORN - LEVEL II NURSERY/LEVELII	1/1/1900	12/31/2299	X								
173	NURSERY NEWBORN - LEVEL III NURSERY/LEVELIII	1/1/1900	12/31/2299	X								
174	NURSERY NEWBORN - LEVEL IV NURSERY/LEVELIV	1/1/1900	12/31/2299	X								

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175	NURSERY - RESERVED	7/1/1977	3/1/2007									
179	NURSERY OTHER NURSERY NURSERY/OTHER	1/1/1900	12/31/2299	X								
180	LEAVE OF ABSENCE GENERAL CLASSIFICATION LEAVE OF ABSENCE OR LOA	1/1/1900	12/31/2299	X								
182	LEAVE OF ABSENCE PATIENT CONVENIENCE LOA/PT CONV	1/1/1900	12/31/2299	X							X	NF Non-medical leave days
183	LEAVE OF ABSENCE THERAPEUTIC LEAVE LOA/THERAPEUTIC	1/1/1900	12/31/2299	X							X	NF Programmatic leave days
184	LEAVE OF ABSENCE RESERVED	1/1/1900	3/1/2007	X								

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185	LEAVE OF ABSENCE NURSING HOME (FOR HOSPITALIZATION)	1/1/1900	12/31/2299	X							X	NF Medical leave days
189	LEAVE OF ABSENCE OTHER LEAVE OF ABSENCE LOA/OTHER	1/1/1900	12/31/2299	X								
190	SUBACUTE CARE GENERAL CLASSIFICATION SUBACUTE	7/1/1977	12/31/2299									Non-covered benefit
191	SUBACUTE CARE SUBACUTE CARE -LEVEL I SUBACUTE/LEVELI	7/1/1977	12/31/2299									Non-covered benefit
192	SUBACUTE CARE SUBACUTE CARE -LEVEL II SUBACUTE/LEVELII	7/1/1977	12/31/2299									Non-covered benefit

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193	SUBACUTE CARE SUBACUTE CARE -LEVEL III SUBACUTE/LEVELIII	7/1/1977	12/31/2299									Non-covered benefit
194	SUBACUTE CARE SUBACUTE CARE -LEVEL IV SUBACUTE/LEVELIV	7/1/1977	12/31/2299									Non-covered benefit
199	SUBACUTE CARE OTHER SUBACUTE CARE SUBACUTE/OTHER	7/1/1977	12/31/2299									Non-covered benefit
200	INTENSIVE CARE GENERAL CLASSIFICATION INTENSIVE CARE (OR ICU)	1/1/1900	12/31/2299	X								
201	INTENSIVE CARE SURGICAL ICU/SURGICAL	1/1/1900	12/31/2299	X								
202	INTENSIVE CARE MEDICAL ICU/MEDICAL	1/1/1900	12/31/2299	X								
203	INTENSIVE CARE PEDIATRIC ICU PEDS	1/1/1900	12/31/2299	X								

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204	INTENSIVE CARE PSYCHIATRIC ICU/PSTAY	1/1/1900	12/31/2299	X								
206	INTENSIVE CARE INTERMEDIATE ICU ICU/INTERMEDIATE	1/1/1900	12/31/2299	X								
207	INTENSIVE CARE BURN CARE ICU/BURN CARE	1/1/1900	12/31/2299	X								
208	INTENSIVE CARE TRAUMA ICU/TRAMA	1/1/1900	12/31/2299	X								
209	INTENSIVE CARE OTHER INTENSIVE CARE ICU/OTHER	1/1/1900	12/31/2299	X								
210	CORONARY CARE GENERAL CLASSIFICATION CORONARY CARE (OR CCU)	1/1/1900	12/31/2299	X								
211	CORONARY CARE MYOCARDIAL INFARCTION CCU/MYO INFARC	1/1/1900	12/31/2299	X								
212	CORONARY CARE PULMONARY CARE CCU/PULMONARY	1/1/1900	12/31/2299	X								
213	CORONARY CARE HEART TRANSPLANT CCU/TRANSPLANT	1/1/1900	12/31/2299	X								
214	CORONARY CARE INTERMEDIATE CCU CCU/INTERMEDIATE	1/1/1900	12/31/2299	X								

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
219	CORONARY CARE OTHER CORONARY CARE CCU/OTHER	1/1/1900	12/31/2299	X								
220	SPECIAL CHARGES GENERAL CLASSIFICATION SPECIAL CHARGES	1/1/1900	12/31/2299	X								
221	SPECIAL CHARGES ADMISSION CHARGE ADMIT CHARGE	1/1/1900	12/31/2299	X								
222	SPECIAL CHARGES TECHNICAL SUPPORT CHARGE TECH SUPPORT CHG	1/1/1900	12/31/2299	X								
223	SPECIAL CHARGES U.R. SERVICE CHARGE UR CHARGE	1/1/1900	12/31/2299	X								
224	SPECIAL CHARGES LATE DISCHARGE - MEDICALLY LATE DISCH/MED NEC	1/1/1900	12/31/2299	X								
229	SPECIAL CHARGES OTHER SPECIAL CHARGES OTHER SPEC CHG	1/1/1900	12/31/2299	X								
230	INCREMENTAL NURSING CHARGE RATE GENERAL CLASSIFICATION NURSING INCREM	1/1/1900	12/31/2299	X								

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231	INCREMENTAL NURSING CHARGE RATE NURSERY NUR INCR/NURSERY	1/1/1900	12/31/2299	X								
232	INCREMENTAL NURSING CHARGE RATE OB NUR INCR/OB	1/1/1900	12/31/2299	X								
233	INCREMENTAL NURSING CHARGE RATE ICU NUR INCR/ICU	1/1/1900	12/31/2299	X								
234	INCREMENTAL NURSING CHARGE RATE CCU NUR INCR/CCU	1/1/1900	12/31/2299	X								
235	INCREMENTAL NURSING CHARGE RATE HOSPICE NUR INCR/HOSPICE	7/1/1977	12/31/2299									Non-covered benefit
239	INCREMENTAL NURSING CHARGE RATE OTHER NUR INCR/OTHER	1/1/1900	12/31/2299	X								

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
240	ALL INCLUSIVE ANCILLARY GENERAL CLASSIFICATION ALL INCL ANCIL	1/1/1900	12/31/2299	X	X							
241	ALL INCLUSIVE ANCILLARY BASIC ALL INCL BASIC	1/1/1900	12/31/2299									Non-covered benefit
242	ALL INCLUSIVE ANCILLARY COMPREHENSIVE ALL INCL COMP	1/1/1900	12/31/2299									Non-covered benefit
243	ALL INCLUSIVE ANCILLARY SPECIALTY ALL INCL SPECIAL	1/1/1900	12/31/2299									Non-covered benefit
249	ALL INCLUSIVE ANCILLARY OTHER ALL INCLUSIVE ANCILLARY ALL INCL ANCIL/OTHER	1/1/1900	12/31/2299	X	X							

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
250	PHARMACY (ALSO SEE 063X - AN EXTENSION OF 025X) GENERAL CLASSIFICATION PHARMACY	1/1/1900	12/31/2299	X	X							Use when no HCPCS or NDC required.
251	PHARMACY (ALSO SEE 063X - AN EXTENSION OF 025X) GENERIC DRUGS DRUGS/GENERIC	1/1/1900	12/31/2299	X	X							HCPCS required. May also require NDC and/or modifier.
252	PHARMACY (ALSO SEE 063X - AN EXTENSION OF 025X) NON-GENERIC DRUGS DRUGS/NONGENERIC	1/1/1900	12/31/2299	X	X	X						HCPCS required. May also require NDC and/or modifier.

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
253	PHARMACY (ALSO SEE 063X - AN EXTENSION OF 025X) TAKE HOME DRUGS DRUGS/TAKEHOME	1/1/1900	12/31/2299			X						HCPCS required. May also require NDC and/or modifier.
254	PHARMACY (ALSO SEE 063X, AN EXTENSION OF 025X) DRUGS INCIDENT TO OTHER DIAGNOSTIC SERVICES DRUGS/INCIDENT ODX	1/1/1977	12/31/2299									
255	PHARMACY (ALSO SEE 063X - AN EXTENSION OF 025X) DRUGS INCIDENT TO RADIOLOGY DRUGS/INCIDENT RAD	1/1/1900	12/31/2299	X	X							HCPCS required. May also require NDC and/or modifier.

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
256	PHARMACY (ALSO SEE 063X - AN EXTENSION OF 025X) EXPERIMENTAL DRUGS DRUGS/EXPERIMT	1/1/1977	12/31/2299									Non-covered benefit
257	PHARMACY (ALSO SEE 063X - AN EXTENSION OF 025X) NON-PRESCRIPTION DRGS/NONPSCRIPT	1/1/1900	12/31/2299	X			X					HCPCS required. May also require NDC and/or modifier.

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258	PHARMACY (ALSO SEE 063X - AN EXTENSION OF 025X) IV SOLUTIONS IV SOLUTIONS	1/1/1900	12/31/2299	X	X	X						HCPCS required. May also require NDC and/or modifier.
259	PHARMACY (ALSO SEE 063X - AN EXTENSION OF 025X) OTHER PHARMACY DRGS/OTHER	1/1/1900	12/31/2299	X	X	X						PETI - Prescription Drug (Non-Colorado Medical Assistance Program Covered)  HCPC required. May also require NDC and/or modifier.
260	IV THERAPY GENERAL CLASSIFICATION IV THERAPY	1/1/1900	12/31/2299	X	X	X						HCPCS required. May also require NDC and/or modifier.
261	IV THERAPY INFUSION PUMP IV THER/INFSN PUMP	1/1/1900	12/31/2299	X	X	X						HCPCS required. May also require NDC and/or modifier.

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262	IV THERAPY IV THERAPY/PHARMACY SVCS IV THER/PHARM/SVC	1/1/1900	12/31/2299	X	X	X						HCPCS required. May also require NDC and/or modifier.
263	IV THERAPY IV THERAPY/DRUG/SUPPLY DELIVERY IV THER/DRUG/SUPPLY DELV	1/1/1900	12/31/2299	X	X	X						HCPCS required. May also require NDC and/or modifier.
264	IV THERAPY IV THERAPY/SUPPLIES IV THER/SUPPLIES	1/1/1900	12/31/2299	X	X	X						HCPCS required. May also require NDC and/or modifier.
269	IV THERAPY OTHER IV THERAPY IV THERAPY/OTHER	1/1/1900	12/31/2299	X	X	X						HCPCS required. May also require NDC and/or modifier.

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270	MEDICAL/SURGICAL SUPPLIES AND DEVICES GENERAL CLASSIFICATION MED- SUR SUPPLIES	1/1/1900	12/31/2299	X	X	X	X		X			
271	MEDICAL/SURGICAL SUPPLIES AND DEVICES NON STERILE SUPPLY NON- STER SUPPLY	1/1/1900	12/31/2299	X	X	X	X					
272	MEDICAL/SURGICAL SUPPLIES AND DEVICES STERILE SUPPLY STERILE SUPPLY	1/1/1900	12/31/2299	X	X	X						
273	MEDICAL/SURGICAL SUPPLIES AND DEVICES TAKE HOME SUPPLIES TAKEHOME SUPPLY	1/1/1900	12/31/2299	X	X	X						
274	MEDICAL/SURGICAL SUPPLIES AND DEVICES PROSTHETIC/ORTHOTIC DEVICES PROSTH/ORTH DEV	1/1/1900	12/31/2299	X	X	X						
275	MEDICAL/SURGICAL SUPPLIES AND DEVICES PACEMAKER PACE MAKER	1/1/1900	12/31/2299	X	X	X						
276	MEDICAL/SURGICAL SUPPLIES AND DEVICES INTRAOCULAR LENS INTRA OC LENS	1/1/1900	12/31/2299	X	X	X						

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277	MEDICAL/SURGICAL SUPPLIES AND DEVICES OXYGEN-TAKE HOME O2/TAKEHOME	1/1/1900	12/31/2299	X	X	X						
278	MEDICAL/SURGICAL SUPPLIES AND DEVICES OTHER IMPLANT (A) SUPPLY/IMPLANTS	1/1/1900	12/31/2299	X	X	X						
279	MEDICAL/SURGICAL SUPPLIES AND DEVICES OTHER SUPPLIES/DEVICES SUPPLY/OTHER	1/1/1900	12/31/2299	X	X	X						
280	ONCOLOGY GENERAL CLASSIFICATION ONCOLOGY	1/1/1900	12/31/2299	X	X	X						
289	ONCOLOGY OTHER ONCOLOGY ONCOLOGY/OTHER	1/1/1900	12/31/2299	X	X	X						
290	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) GENERAL CLASSIFICATION MED EQUIP/DURAB	1/1/1900	12/31/2299	X	X	X						Bill these services on the CMS-1500 form rather than UB-04
291	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) RENTAL MED EQUIP/RENT	1/1/1900	12/31/2299	X	X	X						

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
292	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) PURCHASE OF NEW DME MED EQUIP/NEW	1/1/1900	12/31/2299	X	X	X						
293	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) PURCHASE OF USED DME MED EQUIP/USED	1/1/1900	12/31/2299	X	X	X						
294	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) SUPPLIES/DRUGS FOR DME MED EQUIP/SUPPLIES/DRUGS	1/1/1977	12/31/2299									Non-covered benefit
299	DURABLE MEDICAL EQUIPMENT (OTHER THAN RENAL) OTHER EQUIPMENT MED EQUIP/OTHER	1/1/1900	12/31/2299	X	X	X						
300	LABORATORY GENERAL CLASSIFICATION LABORATORY OR (LAB)	1/1/1900	12/31/2299	X	X	X	X					May also require HCPCS with modifier

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
301	LABORATORY CHEMISTRY LAB/CHEMISTRY	1/1/1900	12/31/2299	X	X	X	X					May also require HCPCS with modifier
302	LABORATORY IMMUNOLOGY LAB/IMMUNOLOGY	1/1/1900	12/31/2299	X	X	X	X					May also require HCPCS with modifier
303	LABORATORY RENAL PATIENT (HOME) LAB/RENAL HOME	1/1/1900	12/31/2299	X	X	X	X					May also require HCPCS with modifier
304	LABORATORY NON- ROUTINE DIALYSIS LAB/NR DIALYSIS	1/1/1900	12/31/2299	X	X	X	X					May also require HCPCS with modifier
305	LABORATORY HEMATOLOGY LAB/HEMATOLOGY	1/1/1900	12/31/2299	X	X	X	X					May also require HCPCS with modifier
306	LABORATORY BACTERIOLOGY & MICROBIOLOGY LAB/BACT- MICRO	1/1/1900	12/31/2299	X	X	X	X					May also require HCPCS with modifier
307	LABORATORY UROLOGY LAB/UROLOGY	1/1/1900	12/31/2299	X	X	X	X					May also require HCPCS with modifier
309	LABORATORY OTHER LABORATORY LAB/OTHER	1/1/1900	12/31/2299	X	X	X	X					May also require HCPCS with modifier
310	LABORATORY PATHOLOGICAL GENERAL CLASSIFICATION PATHOLOGY LAB OR (PATH LAB)	1/1/1900	12/31/2299	X	X	X						May also require HCPCS with modifier

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
311	LABORATORY PATHOLOGICAL CYTOLOGY PATHOL/CYTOLOGY	1/1/1900	12/31/2299	X	X	X						May also require HCPCS with modifier
312	LABORATORY PATHOLOGICAL HISTOLOGY PATHOL/HYSTOL	1/1/1900	12/31/2299	X	X	X						May also require HCPCS with modifier
314	LABORATORY PATHOLOGICAL BIOPSY PATHOL/BIOPSY	1/1/1900	12/31/2299	X	X	X						May also require HCPCS with modifier
319	LABORATORY PATHOLOGICAL OTHER LABORATORY PATHOLOGICAL PATHOL/OTHER	1/1/1900	12/31/2299	X	X	X						May also require HCPCS with modifier
320	RADIOLOGY - DIAGNOSTIC GENERAL CLASSIFICATION DX X-RAY	1/1/1900	12/31/2299	X	X	X						
321	RADIOLOGY - DIAGNOSTIC ANGIOCARDIOGRAPHY DX X-RAY/ANGIO	1/1/1900	12/31/2299	X	X	X						
322	RADIOLOGY - DIAGNOSTIC ARTHROGRAPHY DX X- RAY/ARTH	1/1/1900	12/31/2299	X	X	X						

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
323	RADIOLOGY - DIAGNOSTIC ARTERIOGRAPHY DX X-RAY/ARTER	1/1/1900	12/31/2299	X	X	X						
324	RADIOLOGY - DIAGNOSTIC CHEST X-RAY DX X-RAY/CHEST	1/1/1900	12/31/2299	X	X	X						
329	RADIOLOGY - DIAGNOSTIC OTHER RADIOLOGY - DIAGNOSTIC DX X-RAY/OTHER	1/1/1900	12/31/2299	X	X	X						
330	RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION GENERAL CLASSIFICATION RX X-RAY	1/1/1900	12/31/2299	X	X	X						
331	RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION CHEMOTHERAPY ADMINISTRATION - CHEMOTHER/INJ	1/1/1900	12/31/2299	X	X	X						

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
332	RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION CHEMOTHERAPY ADMINISTRATION - CHEMOTHER/ORAL	1/1/1900	12/31/2299	X	X	X						
333	RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION RADIATION THERAPY RADIATION RX	1/1/1900	12/31/2299 X	X	X	X						
335	RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION CHEMOTHERAPY ADMINISTRATION - IV CHEMOTHERP-IV	1/1/1900	12/31/2299	X	X	X						
339	RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION OTHER RADIOLOGY - THERAPEUTIC RX X- RAY/OTHER	1/1/1900	12/31/2299	X	X	X						

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
340	NUCLEAR MEDICINE GENERAL CLASSIFICATION NUCLEAR MEDICINE OR (NUC MED)	1/1/1900	12/31/2299	X	X	X						
341	NUCLEAR MEDICINE DIAGNOSTIC PROCEDURES NUC MED/DX	1/1/1977	12/31/2299	X	X	X						
342	NUCLEAR MEDICINE THERAPEUTIC PROCEDURES NUC MED/RX	1/1/1900	12/31/2299	X	X	X						
343	NUCLEAR MEDICINE DIAGNOSTIC RADIOPHARMACEUTICALS NUC MED/DX RADIOPHARM	1/1/1900	12/31/2299	X	X	X						
344	NUCLEAR MEDICINE THERAPEUTIC RADIOPHARMACEUTICALS NUC MED/RX RADIOPHARM	1/1/1900	12/31/2299	X	X	X						
349	NUCLEAR MEDICINE OTHER NUCLEAR MEDICINE NUC MED/OTHER	1/1/1900	12/31/2299	X	X	X						
350	CT SCAN GENERAL CLASSIFICATION CT SCAN	1/1/1900	12/31/2299	X	X	X						

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
351	CT SCAN HEAD SCAN CT SCAN/HEAD	1/1/1900	12/31/2299	X	X	X						
352	CT SCAN BODY SCAN CT SCAN/BODY	7/1/1977	12/31/2299	X	X	X						
359	CT SCAN OTHER CT SCAN CT SCAN/OTHER	1/1/1900	12/31/2299	X	X	X						
360	OPERATING ROOM SERVICES GENERAL CLASSIFICATION OR SERVICES	1/1/1900	12/31/2299	X	X							
361	OPERATING ROOM SERVICES MINOR SURGERY OR/MINOR	1/1/1900	12/31/2299	X	X							
362	OPERATING ROOM SERVICES ORGAN TRANSPLANT-OTHER THAN KIDNEY OR/ORGAN TRANS	1/1/1900	12/31/2299	X	X							
367	OPERATING ROOM SERVICES KIDNEY TRANSPLANT OR/KIDNEY TRANS	1/1/1900	12/31/2299	X	X							

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
369	OPERATING ROOM SERVICES OTHER OPERATING ROOM OR/OTHER	1/1/1900	12/31/2299	X	X							
370	ANESTHESIA GENERAL CLASSIFICATION ANESTHESIA	1/1/1900	12/31/2299	X	X							
371	ANESTHESIA ANESTHESIA INCIDENT TO RADIOLOGY ANESTHE/INCIDENT RAD	1/1/1900	12/31/2299	X	X							
372	ANESTHESIA ANESTHESIA INCIDENT TO OTHER ANESTHE/INCDNT OTHER DX	1/1/1900	12/31/2299	X	X							
374	ANESTHESIA ACUPUNCTURE ANESTHE/ACUPUNC	1/1/1900	12/31/2299	X	X							
379	ANESTHESIA OTHER ANESTHESIA ANESTHE/OTHER	1/1/1900	12/31/2299	X	X							
380	BLOOD AND BLOOD COMPONENTS GENERAL CLASSIFICATION BLOOD	1/1/1900	12/31/2299	X	X	X	X					

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
381	BLOOD AND BLOOD COMPONENTS PACKED RED CELLS BLOOD/PKD RED	1/1/1900	12/31/2299	X	X	X	X					
382	BLOOD AND BLOOD COMPONENTS WHOLE BLOOD BLOOD/WHOLE	1/1/1900	12/31/2299	X	X	X	X					
383	BLOOD AND BLOOD COMPONENTS PLASMA BLOOD/PLASMA	1/1/1900	12/31/2299	X	X	X	X					
384	BLOOD AND BLOOD COMPONENTS PLATELETS BLOOD/PLATELETS	1/1/1900	12/31/2299	X	X	X	X					
385	BLOOD AND BLOOD COMPONENTS LEUKOCYTES BLOOD/LEUKOCYTES	1/1/1900	12/31/2299	X	X	X	X					
386	BLOOD AND BLOOD COMPONENTS OTHER COMPONENTS BLOOD/COMPONENTS	1/1/1900	12/31/2299	X	X	X	X					
387	BLOOD AND BLOOD COMPONENTS OTHER DERIVATIVES (CRYOPRECIPITATE) BLOOD/DERIVATIVES	1/1/1900	12/31/2299	X	X	X	X					

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
389	BLOOD AND BLOOD COMPONENTS OTHER BLOOD BLOOD/OTHER	1/1/1900	12/31/2299	X	X	X	X					
390	BLOOD AND BLOOD COMPONENT ADMINISTRATION - PROCESSING AND STORAGE GENERAL CLASSIFICATION BLOOD/STOR-PROC	1/1/1900	12/31/2299	X	X	X	X					
391	BLOOD AND BLOOD COMPONENT ADMINISTRATION - PROCESSING AND STORAGE ADMINISTRATION (E.G. - TRANSFUSIONS) BLOOD/ADMIN	1/1/1900	12/31/2299	X	X	X	X					
392	PROCESSING AND STORAGE	1/1/1900	12/31/2299									Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
399	BLOOD AND BLOOD COMPONENT ADMINISTRATION - PROCESSING AND STORAGE OTHER PROCESSING AND STORAGE BLOOD/OTHER STOR	1/1/1900	12/31/2299	X	X	X	X					
400	OTHER IMAGING SERVICES GENERAL CLASSIFICATION IMAGE SERVICE	1/1/1900	12/31/2299	X	X	X						
401	OTHER IMAGING SERVICES DIAGNOSTIC MAMMOGRAPHY DIAG MAMMOGRAPHY	1/1/1900	12/31/2299	X	X	X						
402	OTHER IMAGING SERVICES ULTRASOUND ULTRASOUND	1/1/1900	12/31/2299	X	X	X						
403	OTHER IMAGING SERVICES SCREENING MAMMOGRAPHY* SCR N MAMMOGRAPHY	1/1/1900	12/31/2299	X	X	X						
404	OTHER IMAGING SERVICES POSITRON EMISSION TOMOGRAPHY PET SCAN	1/1/1900	12/31/2299	X	X							

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
409	OTHER IMAGING SERVICES OTHER IMAGING SERVICE OTHER IMAG SVS	1/1/1977	12/31/2299	X	X	X	X					
410	RESPIRATORY SERVICES GENERAL CLASSIFICATION RESPIRATORY SVC	1/1/1900	12/31/2299	X	X	X						
412	RESPIRATORY SERVICES INHALATION SERVICES INHALATION SVC	1/1/1900	12/31/2299	X	X	X						
413	RESPIRATORY SERVICES HYPERBARIC OXYGEN THERAPY HYPERBARIC O2	1/1/1900	12/31/2299	X	X	X						
419	RESPIRATORY SERVICES OTHER RESPIRATORY SERVICES OTHER RESPIR SVS	1/1/1900	12/31/2299	X	X	X						
420	PHYSICAL THERAPY GENERAL CLASSIFICATION PHYSICAL THERP	1/1/1900	12/31/2299	X	X	X			X			May also require HCPCS with modifier
421	PHYSICAL THERAPY VISIT CHARGE PHYS THERP/VISIT	1/1/1900	12/31/2299	X	X	X			X			May also require HCPCS with modifier

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
422	PHYSICAL THERAPY HOURLY CHARGE PHYS THERP/HOUR	1/1/1900	12/31/2299	X	X	X						May also require HCPCS with modifier
423	PHYSICAL THERAPY GROUP RATE PHYS THERP/GROUP	1/1/1900	12/31/2299	X	X	X						May also require HCPCS with modifier
424	PHYSICAL THERAPY EVALUATION OR RE- EVALUATION PHYS THERP/EVAL	1/1/1900	12/31/2299	X	X	X			X			May also require HCPCS with modifier
429	PHYSICAL THERAPY OTHER PHYSICAL THERAPY OTHER PHYS THERP	1/1/1900	12/31/2299	X	X	X						May also require HCPCS with modifier
430	OCCUPATIONAL THERAPY GENERAL CLASSIFICATION OCCUPATION THER	1/1/1900	12/31/2299	X	X	X			X			May also require HCPCS with modifier
431	OCCUPATIONAL THERAPY VISIT CHARGE OCCUP THERP/VISIT	1/1/1900	12/31/2299	X	X	X			X			May also require HCPCS with modifier
432	OCCUPATIONAL THERAPY HOURLY CHARGE OCCUP THERP/HOUR	1/1/1900	12/31/2299	X	X	X						May also require HCPCS with modifier
433	OCCUPATIONAL THERAPY GROUP RATE OCCUP THERP/GROUP	1/1/1900	12/31/2299	X	X	X						May also require HCPCS with modifier

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
434	OCCUPATIONAL THERAPY EVALUATION OR RE-EVALUATION OCCUP THERP/EVAL	1/1/1900	12/31/2299	X	X	X			X			May also require HCPCS with modifier
439	OCCUPATIONAL THERAPY OTHER OCCUPATIONAL THERAPY OTHER OCCUP THER	1/1/1900	12/31/2299	X	X	X						May also require HCPCS with modifier
440	SPEECH-LANGUAGE PATHOLOGY GENERAL CLASSIFICATION SPEECH PATHOL	1/1/1900	12/31/2299	X	X	X			X			
441	SPEECH-LANGUAGE PATHOLOGY VISIT CHARGE SPEECH PATH/VISIT	1/1/1900	12/31/2299	X	X	X			X			
442	SPEECH-LANGUAGE PATHOLOGY HOURLY CHARGE SPEECH PATH/HOUR	1/1/1900	12/31/2299	X	X	X						
443	SPEECH-LANGUAGE PATHOLOGY GROUP RATE SPEECH PATH/GROUP	1/1/1900	12/31/2299	X	X	X						
444	SPEECH-LANGUAGE PATHOLOGY EVALUATION OR RE-EVALUATION SPEECH PATH/EVAL	1/1/1900	12/31/2299	X	X	X						

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
449	SPEECH-LANGUAGE PATHOLOGY OTHER SPEECH-LANGUAGE OTHER SPEECH PAT	1/1/1900	12/31/2299	X	X	X						
450	EMERGENCY ROOM GENERAL CLASSIFICATION EMERG ROOM	1/1/1900	12/31/2299	X	X							
451	EMERGENCY ROOM EMTALA EMERGENCY MEDICAL ER/EMTALA	1/1/1900	12/31/2299	X	X							
452	EMERGENCY ROOM ER BEYOND EMTALA SCREENING ER/BEYOND EMTALA	10/1/1996	12/31/2299	X	X							
456	EMERGENCY ROOM URGENT CARE URGENT CARE	1/1/1900	12/31/2299	X	X							
459	EMERGENCY ROOM OTHER EMERGENCY ROOM OTHER EMER ROOM	1/1/1900	12/31/2299	X	X							
460	PULMONARY FUNCTION GENERAL CLASSIFICATION PULMONARY FUNC	1/1/1900	12/31/2299	X	X	X						
469	PULMONARY FUNCTION OTHER PULMONARY FUNCTION OTHER PULMON FUNC	1/1/1900	12/31/2299	X	X	X						

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
470	AUDIOLOGY GENERAL CLASSIFICATION AUDIOLOGY	1/1/1900	12/31/2299	X	X	X						
471	AUDIOLOGY DIAGNOSTIC AUDIOLOGY/DX	1/1/1900	12/31/2299	X	X	X						
472	AUDIOLOGY TREATMENT AUDIOLOGY/RX	1/1/1900	12/31/2299	X	X	X						
479	AUDIOLOGY OTHER AUDIOLOGY OTHER AUDIOLOGY	1/1/1900	12/31/2299	X	X	X					X	PETI - Hearing and Ear Care
480	CARDIOLOGY GENERAL CLASSIFICATION CARDIOLOGY	1/1/1900	12/31/2299	X	X	X						
481	CARDIOLOGY CARDIAC CATH LAB CARDIAC CATH LAB	1/1/1900	12/31/2299	X	X	X						
482	CARDIOLOGY STRESS TEST STRESS TEST	7/1/1977	12/31/2299	X	X	X						
483	CARDIOLOGY ECHOCARDIOLOGY ECHOCARDIOLOGY	1/1/1900	12/31/2299	X	X	X						
489	CARDIOLOGY OTHER CARDIOLOGY OTHER CARDIOL	1/1/1900	12/31/2299	X	X	X						
490	AMBULATORY SURGICAL CARE GENERAL CLASSIFICATION AMBUL SURG	1/1/1900	12/31/2299		X							

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
499	AMBULATORY SURGICAL CARE OTHER AMBULATORY SURGICAL OTHER AMBL SURG	1/1/1900	12/31/2299		X							
500	OUTPATIENT SERVICES GENERAL CLASSIFICATION OUTPATIENT SVS	1/1/1900	12/31/2299	X	X							
509	OUTPATIENT SERVICES OTHER OUTPATIENT SERVICE OUTPATIENT/OTHER	1/1/1900	12/31/2299	X	X							
510	CLINIC GENERAL CLASSIFICATION CLINIC	1/1/1900	12/31/2299			X						Not a benefit for OP as of 07/01/2001
511	CLINIC CHRONIC PAIN CENTER CHRONIC PAIN CL	1/1/1900	12/31/2299									Not a benefit for OP as of 07/01/2001
512	CLINIC DENTAL CLINIC DENTAL CLINIC	1/1/1900	12/31/2299									Not a benefit for OP as of 07/01/2001
513	CLINIC PSYCHIATRIC CLINIC PSYCH CLINIC	1/1/1900	12/31/2299									Not a benefit for OP as of 07/01/2001
514	CLINIC OB-GYN CLINIC OB-GYN CLINIC	1/1/1900	12/31/2299									Not a benefit for OP as of 07/01/2001
515	CLINIC PEDIATRIC CLINIC PEDS CLINIC	1/1/1900	12/31/2299									Not a benefit for OP as of 07/01/2001

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
516	CLINIC URGENT CARE CLINIC* URGENT CLINIC	1/1/1900	12/31/2299									Not a benefit for OP as of 07/01/2001
517	CLINIC FAMILY PRACTICE CLINIC FAMILY CLINIC	1/1/1900	12/31/2299									Not a benefit for OP as of 07/01/2001
519	CLINIC OTHER CLINIC OTHER CLINIC	1/1/1900	12/31/2299									Not a benefit for OP as of 07/01/2001
520	FREE-STANDING CLINIC GENERAL CLASSIFICATION FREESTAND CLINIC	1/1/1900	12/31/2299									Not a benefit for OP as of 07/01/2001
521	FREE-STANDING CLINIC CLINIC VISIT BY MEMBER TO RHC/FQHC RHC/FQHC/CLINIC	1/1/1900	12/31/2299			X						RHCs are encouraged to report all procedures. Using a revenue code other than 0521 will result in a payment of \$0
522	FREE-STANDING CLINIC HOME VISIT BY RHC/FQHC PRACTITIONER RHC/FQHC/HOME	1/1/1900	12/31/2299									Not a benefit for OP as of 07/01/2001
523	FREE-STANDING CLINIC FAMILY PRACTICE CLINIC FR/STD FAMILY CLINIC	1/1/1900	12/31/2299									Not a benefit for OP as of 07/01/2001

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
524	FREE-STANDING CLINIC VISIT BY RHC/FQHC PRACTITIONER TO A MEMBER IN A COVERED PART A STAY AT SNF RHC/FQHC/SNF/COVERED	1/1/1900	12/31/2299									Non-covered benefit
525	FREE-STANDING CLINIC VISIT BY RHC/FQHC PRACTITIONER TO A MEMBER IN A SNF(NOT IN A COVERED PART A STAY) OR NF OR ICF MR OR OTHER RESIDENTIAL FACILITY RHC/FQHC/SNF/NONCOVERED	1/1/1900	12/31/2299									

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
526	FREE-STANDING CLINIC URGENT CARE CLINIC* FR/STD URGENT CLINIC	1/1/1900	12/31/2299									Not a benefit for OP as of 07/01/2001
527	FREE-STANDING CLINIC VISITING NURSE SERVICE(S) TO A MEMBER'S HOME WHEN IN A HOME HEALTH SHORTAGE AREA	1/1/1900	12/31/2299									Non-covered benefit
528	FREE-STANDING CLINIC VISIT BY RHC/FQHC PRACTITIONER TO OTHER NON- RHC/FQHC SITE (E.G. SCENE OF ACCIDENT) RHC/FQHC/OTHER SITE	1/1/1900	12/31/2299									Non-covered benefit
529	FREE-STANDING CLINIC OTHER FREESTANDING CLINIC OTHER FR/STD CLINIC	1/1/1900	12/31/2299			X						FQHCs are encouraged to report all procedures. Using a revenue code other than 0529 will result in a payment of \$0 for the line on a UB04
530	OSTEOPATHIC SERVICES GENERAL CLASSIFICATION OSTEOPATH SVS	1/1/1900	12/31/2299	X	X							

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
531	OSTEOPATHIC SERVICES OSTEOPATHIC THERAPY OSTEOPATH RX	1/1/1900	12/31/2299	X	X							
539	OSTEOPATHIC SERVICES OTHER OSTEOPATHIC SERVICES OTHER OSTEOPATH	1/1/1900	12/31/2299	X	X							
540	AMBULANCE GENERAL CLASSIFICATION AMBULANCE	1/1/1900	12/31/2299									Transportation services need to be billed on CMS-1500
541	AMBULANCE SUPPLIES AMBUL/SUPPLY	1/1/1900	12/31/2299									Transportation services need to be billed on CMS-1500
542	AMBULANCE MEDICAL TRANSPORT AMBUL/MED TRANS	1/1/1900	12/31/2299									Transportation services need to be billed on CMS-1500
543	AMBULANCE HEART MOBILE AMBUL/HEARTMOBL	1/1/1900	12/31/2299									Transportation services need to be billed on CMS-1500
544	AMBULANCE OXYGEN AMBUL/OXY	1/1/1900	12/31/2299									Transportation services need to be billed on CMS-1500

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
545	AMBULANCE AIR AMBULANCE AIR AMBULANCE	1/1/1900	12/31/2299									Transportation services need to be billed on CMS-1500
546	AMBULANCE NEONATAL AMBULANCE SERVICES AMBUL/NEONAT	1/1/1900	12/31/2299									Transportation services need to be billed on CMS-1500
547	AMBULANCE PHARMACY AMBUL/PHARMACY	1/1/1900	12/31/2299									Transportation services need to be billed on CMS-1500
548	AMBULANCE EKG TRANSMISSION AMBUL/EKG TRANS	1/1/1900	12/31/2299									Transportation services need to be billed on CMS-1500
549	AMBULANCE OTHER AMBULANCE OTHER AMBULANCE	1/1/1900	12/31/2299									Transportation services need to be billed on CMS-1500
550	SKILLED NURSING GENERAL CLASSIFICATION SKILLED NURSING	1/1/1900	12/31/2299		X				X			Home Health - RN or LPN
551	SKILLED NURSING VISIT CHARGE SKILLED NURS/VISIT	1/1/1900	12/31/2299		X				X			Home Health - RN or LPN
552	SKILLED NURSING HOURLY CHARGE SKILLED NURS/HOUR	1/1/1900	12/31/2299		X				X			Private Duty Nursing – RN  Use HCPCS T1000 and TD modifier

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
559	SKILLED NURSING OTHER SKILLED NURSING SKILLED NURS/OTHER	1/1/1900	12/31/2299		X				X			Private Duty Nursing – RN  Use HCPCS T1000 and TD modifier
560	HOME HEALTH (HH)- MEDICAL SOCIAL SERVICES GENERAL CLASSIFICATION MED SOCIAL-HH	1/1/1900	12/31/2299		X							
561	HOME HEALTH (HH)- MEDICAL SOCIAL SERVICES VISIT CHARGE MED SOC SVCS/VISIT	1/1/1900	12/31/2299		X							
562	HOME HEALTH (HH)- MEDICAL SOCIAL SERVICES HOURLY CHARGE MED SOC SVCS/HOUR	1/1/1900	12/31/2299		X							
569	HOME HEALTH (HH)- MEDICAL SOCIAL SERVICES OTHER MED. SOCIAL SERVICE MED SOC SVCS/OTHER	1/1/1900	12/31/2299		X							
570	HOME HEALTH - HOME HEALTH AIDE GENERAL CLASSIFICATION AID/HOME HEALTH	1/1/1900	12/31/2299		X				X			

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
571	HOME HEALTH - HOME HEALTH AIDE VISIT CHARGE AIDE/HOME HLTH/VISIT	1/1/1900	12/31/2299		X				X			
572	HOME HEALTH - HOME HEALTH AIDE HOURLY CHARGE AIDE/HOME HLTH/HOUR	1/1/1900	12/31/2299		X				X			
579	HOME HEALTH - HOME HEALTH AIDE OTHER HOME HEALTH AIDE AIDE/HOME HLTH/OTHER	1/1/1900	12/31/2299		X				X			
580	HOME HEALTH - OTHER VISITS GENERAL CLASSIFICATION VISIT/HOME HEALTH	1/1/1900	12/31/2299						X			Private Duty Nursing  Use HCPCS T1000 and HQ and TD modifiers
581	HOME HEALTH - OTHER VISITS VISIT CHARGE VISIT/HOME HLTH/VISIT	1/1/1900	12/31/2299						X			Private Duty Nursing  Use HCPCS T1000 and HQ and TE modifiers
582	HOME HEALTH - OTHER VISITS HOURLY CHARGE VISIT/HOME HLTH/HOUR	1/1/1900	12/31/2299						X			Private Duty Nursing  Use HCPCS T1000 and HQ, TD and TE modifiers

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
583	HOME HEALTH - OTHER VISITS ASSESSMENT VISIT/HOME HLTH/ASSESS	1/1/1900	12/31/2299						X			Home Health Telehealth Service
589	HOME HEALTH - OTHER VISITS OTHER HOME HEALTH VISIT VISIT/HOME HLTH/OTHER	1/1/1900	12/31/2299									
590	HOME HEALTH - UNITS OF SERVICE GENERAL CLASSIFICATION UNIT/HOME HEALTH	1/1/1900	12/31/2299						X			Home Health/First Brief Nursing Visit
595	HOME HEALTH PILOT NURSING SUPERVISION - RESERVED	1/1/1900	3/1/2007									
597	HOME HEALTH PILOT CERTIFIED AIDE - RESERVED	1/1/1900	3/1/2007									

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
599	HOME HEALTH (HH) - UNITS OF SERVICE RESERVED	1/1/1900	12/31/2299						X			Home Health/Follow up Brief Nursing Visit
600	HOME HEALTH - OXYGEN GENERAL CLASSIFICATION O2/HOME HEALTH	1/1/1977	12/31/2299									Non-covered benefit when billed on the UB-04. Bill as supply on the CO-1500.
601	HOME HEALTH - OXYGEN OXYGEN - STAT/EQUIP/SUPPL/OR CONT O2/STAT EQUIP/SUPPL/CONT	1/1/1977	12/31/2299									Non-covered benefit when billed on the UB-04. Bill as supply on the CO-1500.
602	HOME HEALTH - OXYGEN OXYGEN - STAT/EQUIP/SUPPL/ O2/STAT EQUIP/UNDER 1 LPM	1/1/1977	12/31/2299									Non-covered benefit when billed on the UB-04. Bill as supply on the CO-1500.
603	HOME HEALTH - OXYGEN OXYGEN - STAT/EQUIP/OVER 4 LPM O2/STAT EQUIP/OVER 4 LPM	1/1/1977	12/31/2299									Non-covered benefit when billed on the UB-04. Bill as supply on the CO-1500.
604	HOME HEALTH - OXYGEN OXYGEN - PORTABLE ADD-ON O2/PORTABLE ADD-ON	1/1/1977	12/31/2299									Non-covered benefit when billed on the UB-04. Bill as supply on the CO-1500.
609		1/1/1900	12/31/2299									Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
	HOME HEALTH - OXYGEN OTHER OXYGEN O2 OTHER OTHER											
610	MAGNETIC RESONANCE TECHNOLOGY (MRT) GENERAL CLASSIFICATION MRT	1/1/1900	12/31/2299	X	X							
611	MAGNETIC RESONANCE TECHNOLOGY (MRT) MRI - BRAIN (INCLUDING BRAINSTEM) MRI - BRAIN	1/1/1900	12/31/2299	X	X							
612	MAGNETIC RESONANCE TECHNOLOGY (MRT) MRI - SPINAL CORD (INCLUDING SPINE) MRI - SPINE	1/1/1900	12/31/2299	X	X							
614	MAGNETIC RESONANCE TECHNOLOGY (MRT) MRI - OTHER MRI - OTHER	1/1/1900	12/31/2299	X								Only covered benefit for IP
615	MAGNETIC RESONANCE TECHNOLOGY (MRT) MRA - HEAD AND NECK MRA - HEAD AND NECK	1/1/1900	12/31/2299	X								May also require HCPCS with modifier
616	MAGNETIC RESONANCE TECHNOLOGY (MRT) MRA - LOWER EXTREMITIES MRA - LOWER EXT	1/1/1900	12/31/2299	X								May also require HCPCS with modifier

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
618	MAGNETIC RESONANCE TECHNOLOGY (MRT) MRA - OTHER MRA - OTHER	1/1/1900	12/31/2299	X								May also require HCPCS with modifier
619	MAGNETIC RESONANCE TECHNOLOGY (MRT) OTHER MRT MRT - OTHER	1/1/1900	12/31/2299	X	X							
620	MEDICAL/SURGICAL SUPPLIES-EXTENSION OF 27X - RESERVED	1/1/1900	3/1/2007	X	X							
621	MEDICAL/SURGICAL SUPPLIES - EXTENSION OF 027X SUPPLIES INCIDENT TO RADIOLOGY MED-SUR SUPP/INCDNT RAD	1/1/1900	12/31/2299	X	X							
622	MEDICAL/SURGICAL SUPPLIES - EXTENSION OF 027X SUPPLIES INCIDENT TO OTHER MED-SUR SUPP/INCDNT ODX	1/1/1900	12/31/2299	X	X							
623	MEDICAL/SURGICAL SUPPLIES - EXTENSION OF 027X SURGICAL DRESSINGS SURG DRESSING	1/1/1900	12/31/2299	X	X							

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
624	MEDICAL/SURGICAL SUPPLIES - EXTENSION OF 027X FDA INVESTIGATIONAL DEVICES FDA INVEST DEVICE	10/1/1996	12/31/2299									Non-covered benefit
630	PHARMACY - EXTENSION OF 025X RESERVED	1/1/1900	3/1/2007	X	X							
631	PHARMACY-EXTENSION OF 025X SINGLE SOURCE DRUG DRUG/SNGLE	1/1/1900	12/31/2299	X	X							HCPCS required. May also require NDC and/or modifier.
632	PHARMACY-EXTENSION OF 025X MULTIPLE SOURCE DRUG DRUG/MULT	1/1/1900	12/31/2299	X	X							HCPCS required. May also require NDC and/or modifier.
633	PHARMACY-EXTENSION OF 025X RESTRICTIVE PRESCRIPTION DRUG/RSTR	1/1/1900	12/31/2299	X	X		X					HCPCS required. May also require NDC and/or modifier.
634	PHARMACY-EXTENSION OF 025X ERYTHROPOIETIN (EPO) LESS DRUG/EPO=10 - 000 UNITS	1/1/1900	12/31/2299	X	X		X					HCPCS required. May also require NDC and/or modifier.

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
635	PHARMACY-EXTENSION OF 025X ERYTHROPOIETIN (EPO) 10 - 000 DRUG/EPO=10 - 000 UNITS	1/1/1900	12/31/2299	X	X		X					HCPCS required. May also require NDC and/or modifier.
636	PHARMACY-EXTENSION OF 025X DRUGS REQUIRING DETAILED CODING (A) DRUGS/DETAIL CODE	1/1/1900	12/31/2299	X	X		X					HCPCS required. May also require NDC and/or modifier.
637	PHARMACY-EXTENSION OF 025X SELF-ADMINISTRABLE DRUGS (B) DRUGS/SELF ADMIN	1/1/1900	12/31/2299									Non-covered benefit
640	HOME IV THERAPY SERVICES GENERAL CLASSIFICATION IV THERAPY SVC	1/1/1900	12/31/2299		X							
641	HOME IV THERAPY SERVICES NONROUTINE NURSING - CENTRAL LINE NON RT NURSING/CENTRAL	1/1/1900	12/31/2299		X							
642	HOME IV THERAPY SERVICES IV SITE CARE - CENTRAL LINE IV SITE CARE/CENTRAL	1/1/1900	12/31/2299		X							

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
643	HOME IV THERAPY SERVICES IV START/CHANGE - PERIPHERAL LINE IV STRT/CHNG/PERIPHAL	1/1/1900	12/31/2299		X							
644	HOME IV THERAPY SERVICES NONROUTINE NURSING - PERIPHERAL NONRT NURSING/PERIPHRL	1/1/1900	12/31/2299		X							
645	HOME IV THERAPY SERVICES TRAINING PATIENT/CAREGIVER - TRNG PT/CAREGVR/CENTRL	1/1/1900	12/31/2299		X							
646	HOME IV THERAPY SERVICES TRAINING - DISABLED PATIENT - TRNG DSBLPT/CENTRAL	1/1/1900	12/31/2299		X							
647	HOME IV THERAPY SERVICES TRAINING - PATIENT/ CAREGIVER - TRNG/PT/CARGVR/PERIPHR L	1/1/1900	12/31/2299		X							
648	HOME IV THERAPY SERVICES TRAINING - DISABLED PATIENT - TRNG/DSBLPAT/PERIPHRL	1/1/1900	12/31/2299		X							

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
649	HOME IV THERAPY SERVICES OTHER IV THERAPY SERVICES OTHER IV THERAPY SVC	1/1/1900	12/31/2299		X							
650	HOSPICE SERVICE GENERAL CLASSIFICATION HOSPICE	1/1/1900	12/31/2299							X		
651	HOSPICE SERVICE ROUTINE HOME CARE HOSPICE/RTN HOME	1/1/1900	12/31/2299							X		
652	HOSPICE SERVICE CONTINUOUS HOME CARE HOSPICE/CTNS HOME	1/1/1900	12/31/2299							X		
655	HOSPICE SERVICE INPATIENT RESPITE CARE HOSPICE/IP RESPITE	1/1/1900	12/31/2299							X		
656	HOSPICE SERVICE GENERAL INPATIENT CARE HOSPICE/IP NON-RESPITE	1/1/1900	12/31/2299							X		
657	HOSPICE SERVICE PHYSICIAN SERVICES HOSPICE/PHYSICIAN	1/1/1900	12/31/2299									Bill as Non-Covered Charges

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
658	HOSPICE SERVICE HOSPICE ROOM & BOARD - HOSPICE/R&B/NURS FAC	1/1/1900	12/31/2299									Continue to use Revenue Code 0659
659	HOSPICE SERVICE OTHER HOSPICE SERVICE HOSPICE/OTHER	1/1/1900	12/31/2299							X		Hospice NF Room & Board
660	RESPITE CARE GENERAL CLASSIFICATION RESPITE CARE	10/1/1996	12/31/2299									Non-covered benefit. Medicare Part A only.
661	RESPITE CARE HOURLY CHARGE/NURSING RESPITE/NURSE	10/1/1996	12/31/2299									Non-covered benefit. Medicare Part A only.
662	RESPITE CARE HOURLY CHARGE/AIDE/HOMEMAKER /	10/1/1996	12/31/2299									Non-covered benefit. Medicare Part A only.
663	RESPITE CARE DAILY RESPITE CHARGE RESPITE DAILY	1/1/1900	12/31/2299									Non-covered benefit
669	RESPITE CARE OTHER RESPITE CARE RESPITE OTHER	1/1/1900	12/31/2299									Non-covered benefit
670	OUTPATIENT SPECIAL RESIDENCE CHARGES GENERAL CLASSIFICATION OP SPEC RES	10/1/1996	12/31/2299									Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
671	OUTPATIENT SPECIAL RESIDENCE CHARGES HOSPITAL BASED OP SPEC RES/HOSP BASED	10/1/1996	12/31/2299									Non-covered benefit
672	OUTPATIENT SPECIAL RESIDENCE CHARGES CONTRACTED OP SPEC RES/CONTRACTED	10/1/1996	12/31/2299									Non-covered benefit
679	OUTPATIENT SPECIAL RESIDENCE CHARGES OTHER SPECIAL RESIDENCE CHARGE OP SPEC RES/OTHER	10/1/1996	12/31/2299									Non-covered benefit
681	TRAUMA RESPONSE LEVEL I TRAUMA LEVEL I	1/1/1900	12/31/2299									Non-covered benefit
682	TRAUMA RESPONSE LEVEL II TRAUMA LEVEL II	1/1/1900	12/31/2299									Non-covered benefit
683	TRAUMA RESPONSE LEVEL III TRAUMA LEVEL III	1/1/1900	12/31/2299									Non-covered benefit
684	TRAUMA RESPONSE LEVEL IV TRAUMA LEVEL IV	1/1/1900	12/31/2299									Non-covered benefit
689	TRAUMA RESPONSE OTHER TRAUMA RESPONSE TRAUMA OTHER	1/1/1900	12/31/2299									Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
690	PRE-HOSPICE/PALLIATIVE CARE SERVICES GENERAL CLASSIFICATION	3/1/2007	12/31/2299									Non-covered benefit
691	PRE-HOSPICE/PALLIATIVE CARE SERVICES VISIT CHARGE	3/1/2007	12/31/2299									Non-covered benefit
692	PRE-HOSPICE/PALLIATIVE CARE SERVICES HOURLY CHARGE	3/1/2007	12/31/2299									Non-covered benefit
693	PRE-HOSPICE/PALLIATIVE CARE SERVICES EVALUATION	3/1/2007	12/31/2299									Non-covered benefit
694	PRE-HOSPICE/PALLIATIVE CARE SERVICES CONSULTATION AND EDUCATION	3/1/2007	12/31/2299									Non-covered benefit
695	PRE-HOSPICE/PALLIATIVE CARE SERVICES INPATIENT CARE	3/1/2007	12/31/2299									Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
696	PRE-HOSPICE/PALLIATIVE CARE SERVICES PHYSICIAN SERVICES	3/1/2007	12/31/2299									Non-covered benefit
699	PRE-HOSPICE/PALLIATIVE CARE SERVICES OTHER PRE-HOSPICE/PALLIATIVE CARE SERVICES	3/1/2007	12/31/2299									Non-covered benefit
700	CAST ROOM GENERAL CLASSIFICATION CAST ROOM	1/1/1900	12/31/2299	X	X							
709	CAST ROOM RESERVED	1/1/1900	3/1/2007	X	X							
710	RECOVERY ROOM GENERAL CLASSIFICATION RECOVERY ROOM	1/1/1900	12/31/2299	X	X							
711	RECOVERY ROOM RESERVED	1/1/1977	10/15/2003									
719	RECOVERY ROOM RESERVED	1/1/1900	3/1/2007	X	X							
720	LABOR ROOM/DELIVERY GENERAL CLASSIFICATION DELIVERROOM/LABOR	1/1/1900	12/31/2299	X	X							
721	LABOR ROOM/DELIVERY LABOR LABOR	1/1/1900	12/31/2299	X	X							

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
722	LABOR ROOM/DELIVERY DELIVERY DELIVERY ROOM	1/1/1900	12/31/2299	X	X							
723	LABOR ROOM/DELIVERY CIRCUMCISION CIRCUMCISION	1/1/1900	12/31/2299	X	X							
724	LABOR ROOM/DELIVERY BIRTHING CENTER BIRTHING CENTER	1/1/1900	12/31/2299	X	X							
729	LABOR ROOM/DELIVERY OTHER LABOR ROOM/DELIVERY OTHER/DELIV-LABOR	1/1/1900	12/31/2299	X	X							
730	EKG/ECG (ELECTROCARDIOGRAM) GENERAL CLASSIFICATION EKG/ECG	1/1/1900	12/31/2299	X	X							
731	EKG/ECG (ELECTROCARDIOGRAM) HOLTER MONITOR HOLTER MONT	1/1/1900	12/31/2299	X	X							

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
732	EKG/ECG (ELECTROCARDIOGRAM) TELEMETRY TELEMETRY	1/1/1900	12/31/2299	X	X							
739	EKG/ECG (ELECTROCARDIOGRAM) OTHER EKG/ECG OTHER EKG-ECG	1/1/1900	12/31/2299	X	X							
740	EEG (ELECTROENCEPHALOGRAM ) GENERAL CLASSIFICATION EEG	7/1/1977	12/31/2299	X	X							
749	EEG (ELECTROENCEPHALOGRAM ) RESERVED	1/1/1900	3/1/2007	X	X							
750	GASTRO-INTESTINAL SERVICES GENERAL CLASSIFICATION GASTR- INST SVS	1/1/1900	12/31/2299	X	X							
759	GASTRO-INTESTINAL SERVICES RESERVED	1/1/1900	3/1/2007	X	X							
760	SPECIALTY SERVICES - GENERAL CLASSIFICATION SPECIALTY SVC	1/1/1900	12/31/2299	X	X							
761	SPECIALTY SERVICES - TREATMENT ROOM TREATMENT RM	1/1/1900	12/31/2299	X	X							
762	SPECIALTY SERVICES - OBSERVATION HOURS (A) OBSERVATION	1/1/1900	12/31/2299	X	X							

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
769	SPECIALTY SERVICES - OTHER SPECIALTY SERVICES OTHER SPECIALTY SVC	1/1/1900	12/31/2299	X	X							
770	PREVENTIVE CARE SERVICES GENERAL CLASSIFICATION PREVENT CARE SVS	1/1/1900	12/31/2299	X	X							
771	PREVENTIVE CARE SERVICES VACCINE ADMINISTRATION VACCINE ADMIN	1/1/1900	12/31/2299	X	X							
779	PREVENTIVE CARE SERVICES - RESERVED	1/1/1900	3/1/2007	X	X							
780	TELEMEDICINE GENERAL CLASSIFICATION TELEMEDICINE	1/1/1900	12/31/2299									Non-covered benefit
789	TELEMEDICINE - RESERVED	10/1/1996	3/1/2007									Non-covered benefit
790	EXTRA-CORPOREAL SHOCK WAVE THERAPY (FORMERLY LITHOTRIPSY) GENERAL CLASSIFICATION ESWT	1/1/1900	12/31/2299	X	X							
799	EXTRA-CORPOREAL SHOCK WAVE THERAPY (FORMERLY LITHOTRIPSY) - RESERVED	1/1/1900	3/1/2007	X	X							

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
800	INPATIENT RENAL DIALYSIS GENERAL CLASSIFICATION RENAL DIALYSIS	1/1/1977	12/31/2299	X			X					
801	INPATIENT RENAL DIALYSIS INPATIENT HEMODIALYSIS DIALY/INPT	1/1/1900	12/31/2299	X			X					
802	INPATIENT RENAL DIALYSIS INPATIENT PERITONEAL DIALY/INPT/PER	1/1/1900	12/31/2299	X			X					
803	INPATIENT RENAL DIALYSIS INPATIENT CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) DIALY/IP/CAPD	1/1/1900	12/31/2299	X			X					
804	INPATIENT RENAL DIALYSIS INPATIENT CONTINUOUS CYCLING PERITONEAL DIALYSIS DIALY/IP/CCPD	1/1/1900	12/31/2299	X			X					
805	INPATIENT RENAL DIALYSIS RESERVED	1/1/1977	10/15/2003				X					
809	INPATIENT RENAL DIALYSIS OTHER INPATIENT DIALYSIS DIALY/INPT/OTHER	1/1/1900	12/31/2299	X			X					

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
810	ACQUISITION OF BODY COMPONENTS GENERAL CLASSIFICATION ORGAN ACQUISIT	1/1/1900	12/31/2299	X								
811	ACQUISITION OF BODY COMPONENTS LIVING DONOR LIVING DONOR	1/1/1900	12/31/2299	X								
812	ACQUISITION OF BODY COMPONENTS CADAVER DONOR CADAVER DONOR	1/1/1900	12/31/2299	X								
813	ACQUISITION OF BODY COMPONENTS UNKNOWN DONOR UNKNOWN DONOR	1/1/1900	12/31/2299	X								
814	ACQUISITION OF BODY COMPONENTS UNSUCCESSFUL ORGAN SEARCH - DONOR UNSUCCESSFUL SEARCH	1/1/1900	12/31/2299	X								
815	ACQUISITION OF BODY COMPONENTS RESERVED	7/1/1977	3/1/2007									
816	ACQUISITION OF BODY COMPONENTS RESERVED	7/1/1977	3/1/2007									
817	ACQUISITION OF BODY COMPONENTS RESERVED	10/1/1988	3/1/2007									

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
819	ACQUISITION OF BODY COMPONENTS OTHER DONOR OTHER DONOR	1/1/1900	12/31/2299	X								
820	HEMODIALYSIS - OUTPATIENT OR HOME GENERAL CLASSIFICATION HEMO/OP OR HOME	1/1/1900	12/31/2299				X					
821	HEMODIALYSIS - OUTPATIENT OR HOME HEMODIALYSIS/COMPOSITE OR OTHER HEMO/COMPOSITE	1/1/1900	12/31/2299				X					
822	HEMODIALYSIS - OUTPATIENT OR HOME HOME SUPPLIES HEMO/HOME/SUPPL	1/1/1900	12/31/2299				X					
823	HEMODIALYSIS - OUTPATIENT OR HOME HOME EQUIPMENT HEMO/HOME/EQUIP	1/1/1900	12/31/2299				X					
824	HEMODIALYSIS - OUTPATIENT OR HOME MAINTENANCE/100% HEMO/HOME/100%	1/1/1900	12/31/2299				X					
825	HEMODIALYSIS - OUTPATIENT OR HOME SUPPORT SERVICES HEMO/HOME/SUPSERV	1/1/1900	12/31/2299				X					

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
829	HEMODIALYSIS - OUTPATIENT OR HOME OTHER OUTPATIENT HEMO/HOME/OTHER	1/1/1900	12/31/2299				X					
830	PERITONEAL DIALYSIS - OUTPATIENT OR HOME GENERAL CLASSIFICATION PERITONEAL/OP OR HOME	1/1/1900	12/31/2299				X					
831	PERITONEAL DIALYSIS - OUTPATIENT OR HOME PERITONEAL/COMPOSITE OR OTHER PERTNL/COMPOSITE	1/1/1900	12/31/2299				X					
832	PERITONEAL DIALYSIS - OUTPATIENT OR HOME HOME SUPPLIES PERTNL/HOME/SUPPL	1/1/1900	12/31/2299				X					
833	PERITONEAL DIALYSIS - OUTPATIENT OR HOME HOME EQUIPMENT PERTNL/HOME/EQUIP	1/1/1900	12/31/2299				X					
834	PERITONEAL DIALYSIS - OUTPATIENT OR HOME MAINTENANCE/L00% PERTNL/HOME/L00%	1/1/1900	12/31/2299				X					

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
835	PERITONEAL DIALYSIS - OUTPATIENT OR HOME SUPPORT SERVICES PERTNL/HOME/SUPSERV	1/1/1900	12/31/2299				X					
839	PERITONEAL DIALYSIS - OUTPATIENT OR HOME OTHER OUTPATIENT PERTNL/HOME/OTHER	1/1/1900	12/31/2299				X					
840	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME GENERAL CLASSIFICATION CAPD/OP OR HOME	1/1/1900	12/31/2299				X					
841	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME CAPD/COMPOSITE OR OTHER RATE CAPD/COMPOSITE	1/1/1900	12/31/2299				X					
842	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME HOME SUPPLIES CAPD/HOME/SUPPL	1/1/1900	12/31/2299				X					

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
843	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME HOME EQUIPMENT CAPD/HOME/EQUIP	1/1/1900	12/31/2299				X					
844	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME MAINTENANCE 100% CAPD/HOME/100%	1/1/1900	12/31/2299				X					
845	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME SUPPORT SERVICES CAPD/HOME/SUPSERV	1/1/1900	12/31/2299				X					
849	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) - OUTPATIENT OR HOME OTHER OUTPATIENT CAPD CAPD/HOME/OTHER	1/1/1900	12/31/2299				X					

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
850	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME GENERAL CLASSIFICATION CCPD/OP OR HOME	1/1/1900	12/31/2299				X					
851	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME CCPD/COMPOSITE OR OTHER RATE CCPD/COMPOSITE	1/1/1900	12/31/2299				X					
852	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME HOME SUPPLIES CCPD/HOME/SUPPL	1/1/1900	12/31/2299				X					
853	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME HOME EQUIPMENT CCPD/HOME/EQUIP	1/1/1900	12/31/2299				X					
854	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME MAINTENANCE 100% CCPD/HOME/100%	1/1/1900	12/31/2299				X					

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
855	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME SUPPORT SERVICES CCPD/HOME/SUPSERV	1/1/1900	12/31/2299				X					
859	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) - OUTPATIENT OR HOME OTHER OUTPATIENT CCPD CCPD/HOME/OTHER	1/1/1900	12/31/2299				X					
860	MAGNETOENCEPHALOGRAPHY (MEG) GENERAL CLASSIFICATION - MAGNETOENCEPH	1/1/1900	12/31/2299	X								Only covered benefit for IP
861	MAGNETOENCEPHALOGRAPHY (MEG) MEG MEG	1/1/1900	12/31/2299	X								Only covered benefit for IP
880	MISCELLANEOUS DIALYSIS GENERAL CLASSIFICATION DIALY/MISC	1/1/1900	12/31/2299				X					
881	MISCELLANEOUS DIALYSIS ULTRAFILTRATION DIALY/ULTRAFILT	1/1/1900	12/31/2299				X					
882	MISCELLANEOUS DIALYSIS HOME DIALYSIS AID VISIT HOME DIALYSIS AID VISIT	7/1/1977	12/31/2299									Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
889	MISCELLANEOUS DIALYSIS OTHER MISCELLANEOUS DIALYSIS DIALY/MISC/OTHER	1/1/1900	12/31/2299				X					
890	DONOR BANK - RESERVED	7/1/1977	10/1/2003	X	X							
891	DONOR BANK/BONE - RESERVED	7/1/1977	10/1/2003									
892	DONOR BANK/ORGN - RESERVED	7/1/1977	10/1/2003									
893	DONOR BANK/SKIN - RESERVED	7/1/1977	10/1/2003									
899	OTHER DONOR BANK - RESERVED	7/1/1977	10/1/2003									
900	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) GENERAL CLASSIFICATION BH	1/1/1900	12/31/2299	X	X							

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
901	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) ELECTROSHOCK TREATMENT BH/ELECTRO SHOCK	1/1/1900	12/31/2299	X	X							
902	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) MILIEU THERAPY BH/MILIEU THERAPY	7/1/1977	12/31/2299									Non-covered benefit
903	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) PLAY THERAPY BH/PLAY THERAPY	7/1/1977	12/31/2299									Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
904	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) ACTIVITY THERAPY BH/ACTIVITY THERAPY	1/1/1900	12/31/2299									Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
905	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) INTENSIVE OUTPATIENT SERVICES - PSYCHIATRIC BH/INTENS OP/PSYCH	1/1/1900	12/31/2299									Non-Covered Benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
906	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) INTENSIVE OUTPATIENT SERVICES - CHEMICAL DEPENDENCY BH/INTENS OP/CHEM DEP	1/1/1900	12/31/2299									Non-Covered Benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
907	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) COMMUNITY BEHAVIORAL HEALTH PROGRAM (DAY TREATMENT) BH/COMMUNITY	1/1/1900	12/31/2299									Non-Covered Benefit
909	BEHAVIORAL HEALTH TREATMENT SERVICES RESERVED	7/1/1977	12/31/2299									Non-Covered Benefit
910	BEHAVIORAL HEALTH TREATMENT SERVICES RESERVED	1/1/1900	12/31/2299									Colorado specific use end dated for Outpatient: 10/30/2016  Inpatient: 2/28/2017

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
911	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X REHABILITATION BH/REHAB	1/1/1900	12/31/2299	X	X			X				Psychiatric Residential Treatment Facilities (PRTF) use this code.
912	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X PARTIAL HOSPITALIZATION - LESS INTENSIVE BH/PARTIAL HOSP	7/1/1977	12/31/2299		X							Covered for Outpatient Hospital beginning 7/1/2018
913	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X PARTIAL HOSPITALIZATION - INTENSIVE BH/PARTIAL INTENS	7/1/1977	12/31/2299		X							Covered for Outpatient Hospital beginning 7/1/2018
914	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X INDIVIDUAL THERAPY BH/INDIV RX	1/1/1900	12/31/2299	X	X							

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
915	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X GROUP THERAPY BH/GROUP RX	1/1/1900	12/31/2299	X	X							
916	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X FAMILY THERAPY BH/FAMILY RX	7/1/1977	12/31/2299									Non-covered benefit
917	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X BIO FEEDBACK BH/BIOFEED	7/1/1977	12/31/2299									Non-covered benefit
918	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X TESTING BH/TESTING	7/1/1977	12/31/2299									Non-covered benefit
919	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X OTHER BEHAVIORAL HEALTH TREATMENTS/SERVICES BH/OTHER	7/1/1977	12/31/2299									Non-covered benefit
920	OTHER DIAGNOSTIC SERVICES GENERAL CLASSIFICATION OTHER DX SVS	1/1/1900	12/31/2299	X	X							

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
921	OTHER DIAGNOSTIC SERVICES PERIPHERAL VASCULAR LAB PERI VASCUL LAB	1/1/1900	12/31/2299	X	X							
922	OTHER DIAGNOSTIC SERVICES ELECTROMYELGRAM EMG	1/1/1900	12/31/2299	X	X							
923	OTHER DIAGNOSTIC SERVICES PAP SMEAR PAP SMEAR	1/1/1900	12/31/2299	X	X							
924	OTHER DIAGNOSTIC SERVICES ALLERGY TEST ALLERGY TEST	1/1/1900	12/31/2299	X	X							
925	OTHER DIAGNOSTIC SERVICES PREGNANCY TEST PREG TEST	1/1/1900	12/31/2299	X	X							
929	OTHER DIAGNOSTIC SERVICES OTHER DIAGNOSTIC SERVICE ADDITIONAL DX SVS	1/1/1900	12/31/2299	X	X							
931	MEDICAL REHABILITATION DAY PROGRAM HALF DAY HALF DAY	1/1/1900	12/31/2299									Non-Covered Benefit
932	MEDICAL REHABILITATION DAY PROGRAM FULL DAY FULL DAY	1/1/1900	12/31/2299									Non-Covered Benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
940	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X - AN EXTENSION OF 094X) GENERAL CLASSIFICATION OTHER RX SVS	1/1/1900	12/31/2299		X							
941	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X - AN EXTENSION OF 094X) RECREATIONAL THERAPY RECREATION RX	7/1/1977	12/31/2299									Non-covered benefit
942	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X - AN EXTENSION OF 094X) EDUCATION/TRAINING EDUC/TRAINING	1/1/1900	12/31/2299	X	X							
943	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X - AN EXTENSION OF 094X) CARDIAC REHABILITATION CARDIAC REHAB	1/1/1900	12/31/2299		X							
944	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X - AN EXTENSION OF 094X) DRUG REHABILITATION DRUG REHAB	1/1/1900	12/31/2299	X								No longer an outpatient benefit 08/2003

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
945	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X - AN EXTENSION OF 094X) ALCOHOL REHABILITATION ALCOHOL REHAB	1/1/1900	12/31/2299	X								No longer an outpatient benefit 08/2003
946	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X - AN EXTENSION OF 094X) COMPLEX MEDICAL EQUIPMENT - CMPLX MED EQUIP-ROUT	1/1/1900	12/31/2299	X	X							
947	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X - AN EXTENSION OF 094X) COMPLEX MEDICAL EQUIPMENT - CMPLX MED EQUIP-ANC	1/1/1900	12/31/2299	X	X							
948	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X - AN EXTENSION OF 094X) PULMONARY REHAB	1/1/1900	12/31/2299									Non-covered benefit
949	OTHER THERAPEUTIC SERVICES (ALSO SEE 095X - AN EXTENSION OF 094X) OTHER THERAPEUTIC SERVICE ADDITIONAL RX SVS	1/1/1900	12/31/2299	X	X						X	PETI acupuncture services.

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
951	OTHER THERAPEUTIC SERVICES-EXTENSION OF 094X ATHLETIC TRAINING ATHLETIC TRAINING	1/1/1900	12/31/2299									Non-covered benefit
952	OTHER THERAPEUTIC SERVICES-EXTENSION OF 094X KINESIOTHERAPY KINESIOTHERAPY	1/1/1900	12/31/2299									Non-covered benefit
953	OTHER THERAPEUTIC SERVICES - CHEMICAL DEPENDENCY (DRUG AND ALCOHOL)	10/1/2013	12/31/2299									Non-covered benefit
960	PROFESSIONAL FEES (ALSO SEE 097X AND 098X) GENERAL CLASSIFICATION PRO FEE	1/1/1977	12/31/2299									Non-covered benefit
961	PROFESSIONAL FEES (ALSO SEE 097X AND 098X) PSYCHIATRIC PRO FEE/PSYCH	7/1/1977	12/31/2299									Non-covered benefit
962	PROFESSIONAL FEES (ALSO SEE 097X AND 098X) OPHTHALMOLOGY PRO FEE/EYE	1/1/1900	12/31/2299								X	PETI- Vision and Eye Care

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
963	PROFESSIONAL FEES (ALSO SEE 097X AND 098X) ANESTHESIOLOGIST (MD) PRO FEE/ANES MD	1/1/1977	12/31/2299									Non-covered benefit
964	PROFESSIONAL FEES (ALSO SEE 097X AND 098X) ANESTHETIST (CRNA) PRO FEE/ANES CRNA	1/1/1977	12/31/2299									Non-covered benefit
969	PROFESSIONAL FEES (ALSO SEE 097X AND 098X) OTHER PROFESSIONAL FEE OTHER PRO FEE	1/1/1900	12/31/2299								X	PETI- Dental Services
971	PROFESSIONALS FEES (EXTENSION OF 096X) LABORATORY PRO FEE/LAB	1/1/1977	12/31/2299									Non-covered benefit
972	PROFESSIONALS FEES (EXTENSION OF 096X) RADIOLOGY - DIAGNOSTIC PRO FEE/RAD/DX	1/1/1977	12/31/2299									Non-covered benefit
973	PROFESSIONALS FEES (EXTENSION OF 096X) RADIOLOGY - THERAPEUTIC PRO FEE/RAD/RX	7/1/1977	12/31/2299									Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
974	PROFESSIONALS FEES (EXTENSION OF 096X) RADIOLOGY - NUCLEAR PRO FEE/NUC MED	1/1/1977	12/31/2299									Non-covered benefit
975	PROFESSIONALS FEES (EXTENSION OF 096X) OPERATING ROOM PRO FEE/OR	1/1/1977	12/31/2299									Non-covered benefit
976	PROFESSIONALS FEES (EXTENSION OF 096X) RESPIRATORY THERAPY PRO FEE/RESPIR	1/1/1977	12/31/2299									Non-covered benefit
977	PROFESSIONALS FEES (EXTENSION OF 096X) PHYSICAL THERAPY PRO FEE/PHYSI	7/1/1977	12/31/2299									Non-covered benefit
978	PROFESSIONALS FEES (EXTENSION OF 096X) OCCUPATIONAL THERAPY PRO FEE/OCCUPA	7/1/1977	12/31/2299									Non-covered benefit
979	PROFESSIONALS FEES (EXTENSION OF 096X) SPEECH PATHOLOGY PRO FEE/SPEECH	7/1/1977	12/31/2299									Non-covered benefit
981	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) EMERGENCY ROOM PRO FEE/ER	1/1/1977	12/31/2299									Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
982	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) OUTPATIENT SERVICES PRO FEE/OUTPT	1/1/1900	12/31/2299								X	PETI: Chiropractic Services
983	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) CLINIC PRO FEE/CLINIC	1/1/1977	12/31/2299									Non-covered benefit
984	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) MEDICAL SOCIAL SERVICES PRO FEE/SOC SVC	7/1/1977	12/31/2299									Non-covered benefit
985	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) EKG PRO FEE/EKG	1/1/1977	12/31/2299									Non-covered benefit
986	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) EEG PRO FEE/EEG	7/1/1977	12/31/2299									Non-covered benefit
987	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) HOSPITAL VISIT PRO FEE/HOS VIS	1/1/1977	12/31/2299									Non-covered benefit
988	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) CONSULTATION PRO FEE/CONSULT	1/1/1977	12/31/2299									Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
989	PROFESSIONAL FEES (EXTENSION OF 096X AND 097X) PRIVATE DUTY NURSE FEE/PVT NURSE	7/1/1977	12/31/2299									Non-covered benefit
990	PATIENT CONVENIENCE ITEMS GENERAL CLASSIFICATION	7/1/1977	12/31/2299									Non-covered benefit
991	PATIENT CONVENIENCE ITEMS CAFETERIA/GUEST TRAY	7/1/1977	12/31/2299									Non-covered benefit
992	PATIENT CONVENIENCE ITEMS PRIVATE LINEN SERVICE	7/1/1977	12/31/2299									Non-covered benefit
993	PATIENT CONVENIENCE ITEMS TELEPHONE/TELEGRAPH	7/1/1977	12/31/2299									Non-covered benefit
994	PATIENT CONVENIENCE ITEMS TV/RADIO	7/1/1977	12/31/2299									Non-covered benefit
995	PATIENT CONVENIENCE ITEMS NONPATIENT ROOM RENTALS	7/1/1977	12/31/2299									Non-covered benefit
996	PATIENT CONVENIENCE ITEMS LATE DISCHARGE CHARGE	7/1/1977	12/31/2299									Non-covered benefit
997	PATIENT CONVENIENCE ITEMS ADMISSION KITS	7/1/1977	12/31/2299									Non-covered benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
998	PATIENT CONVENIENCE ITEMS BEAUTY SHOP/BARBER	7/1/1977	12/31/2299									Non-covered benefit
999	PATIENT CONVENIENCE ITEMS OTHER PATIENT CONVENIENCE ITEM	1/1/1900	12/31/2299								X	PETI: Health Insurance Premiums And Other Services NEC.
1000	BEHAVIORAL HEALTH ACCOMMODATIONS GENERAL CLASSIFICATION	1/1/1900	12/31/2299									Non-Covered Benefit
1001	BEHAVIORAL HEALTH ACCOMMODATIONS RESIDENTIAL - PSYCHIATRIC	1/1/1900	12/31/2299									Non-Covered Benefit
1002	BEHAVIORAL HEALTH ACCOMMODATIONS RESIDENTIAL - CHEMICAL DEPENDENCY	1/1/1900	12/31/2299									Non-Covered Benefit
1003	BEHAVIORAL HEALTH ACCOMMODATIONS SUPERVISED LIVING	1/1/1900	12/31/2299									Non-Covered Benefit
1004	BEHAVIORAL HEALTH ACCOMMODATIONS HALFWAY HOUSE	1/1/1900	12/31/2299									Non-Covered Benefit
1005	BEHAVIORAL HEALTH ACCOMMODATIONS GROUP HOME	1/1/1900	12/31/2299									Non-Covered Benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
2100	ALTERNATIVE THERAPY SERVICES GENERAL CLASSIFICATION	1/1/1900	12/31/2299									Non-Covered Benefit
2101	ALTERNATIVE THERAPY SERVICES ACUPUNCTURE	1/1/1900	12/31/2299									Non-Covered Benefit
2102	ALTERNATIVE THERAPY SERVICES ACUPRESSURE	1/1/1900	12/31/2299									Non-Covered Benefit
2103	ALTERNATIVE THERAPY SERVICES MASSAGE	1/1/1900	12/31/2299									Non-Covered Benefit
2104	ALTERNATIVE THERAPY SERVICES REFLEXOLOGY	1/1/1900	12/31/2299									Non-Covered Benefit
2105	ALTERNATIVE THERAPY SERVICES BIOFEEDBACK	1/1/1900	12/31/2299									Non-Covered Benefit
2106	ALTERNATIVE THERAPY SERVICES HYPNOSIS	1/1/1900	12/31/2299									Non-Covered Benefit
2109	ALTERNATIVE THERAPY SERVICES OTHER ALTERNATIVE THERAPY SERVICES	1/1/1900	12/31/2299									Non-Covered Benefit
3101	ADULT CARE ADULT DAY CARE - MEDICAL AND SOCIAL -	1/1/1900	12/31/2299									Non-Covered Benefit
3102	ADULT CARE ADULT DAY CARE - SOCIAL - HOURLY	1/1/1900	12/31/2299									Non-Covered Benefit

Revenue Code	Description	Effective From	Effective Through	Inpatient	Outpatient	FQHC/RHC	Dialysis	RTC	HH/PDN	Hospice	NF	Comments
3103	ADULT CARE ADULT DAY CARE - MEDICAL AND SOCIAL - DAILY	1/1/1900	12/31/2299									Non-Covered Benefit
3104	ADULT CARE ADULT DAY CARE - SOCIAL - DAILY	1/1/1900	12/31/2299									Non-Covered Benefit
3105	ADULT CARE ADULT FOSTER CARE - DAILY	1/1/1900	12/31/2299									Non-Covered Benefit
3109	ADULT CARE OTHER ADULT CARE	1/1/1900	12/31/2299									Non-Covered Benefit

### Appendix Q Revision Log

<b>Revision Date</b>	<b>Revision</b>	<b>Page(s)</b>	<b>Made by</b>
<i>3/16/2017</i>	<i>Added Specialty Columns and Comment section to document</i>	<i>All</i>	<i>RC</i>
<i>08/11/2017</i>	<i>Removed Outpatient coverage for revenue codes 0540-0549</i>	<i>33-34</i>	<i>AL</i>
<i>4/24/2018</i>	<i>Removed coverage for 0910, not in use per NUBC</i>	<i>40</i>	<i>AL</i>
<i>9/27/2018</i>	<i>Added notes to 0910, Added IP/OP to 0900</i>	<i>50,40</i>	<i>RH</i>
<i>5/13/2019</i>	<i>Reformatted to fix page numbers &amp; remove blank pages</i>	<i>All</i>	<i>HCPF</i>
<i>1/3/2020</i>	<i>Updated Rev Code 912/913</i>	<i>78</i>	<i>RH</i>

**Note:** In many instances when specific pages are updated, the page numbers change for the entire section. Page numbers listed above, are the page numbers on which the updates/changes occur